

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 3/27/03.

I. DISPUTE

Whether there should be reimbursement for prescription medications Neurontin on 9/4/02, Celebrex on 9/11/02, Amitriptyline HCL on 9/11/02 and Ketoprofen on 9/13/02, paid for by the injured worker.

II. RATIONALE

Per Commission Rule 133.307 (e)(2)(A-B), “

(2) Each copy of the request shall be legible, include only a single copy of each document, and shall include:

(A) a copy of all medical bill(s) as originally submitted to the carrier for reconsideration in accordance with §133.304;

(B) a copy of each explanation of benefits (EOB) or response to the refund request relevant to the fee dispute or, if no EOB was received, convincing evidence of carrier receipt of the provider request for an EOB;

EOBs for the disputed dates of service were not submitted by either the requestor or the respondent. The requestor submitted copies of the receipts for payment of the disputed medications, a copy of the letter of medical necessity from the prescribing physician and “convincing evidence of carrier receipt of the provider request for an EOB...” On this basis, the disputed medical bills will be reviewed on the basis of the 1996 Medical Fee Guideline (Pharmacy). The documentation submitted by the requestor supports reimbursement of the injured worker.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for prescription medications Neurontin paid for by the injured worker on 9/4/02, Celebrex on 9/11/02, Amitriptyline HCL on 9/11/02 and Ketoprofen on 9/13/02 in the amount of **\$498.86**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$498.86** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 14th day of January 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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